

# Exhibit D

SCHWARTZ & PONTERIO, PLLC

ATTORNEYS AT LAW  
134 West 29<sup>th</sup> Street - Suite 1006  
New York, New York 10001-5304  
Tel. No.: (212) 714-1200  
Fax No.: (212) 714-1264  
E-Mail: [blevenson@splaw.us](mailto:blevenson@splaw.us)

September 5, 2014

BY US MAIL

Jeff Movit, Esq.  
Mitchell Silberberg & Knupp LLP  
12 East 49th Street, 30th Floor  
New York, NY 10017  
(917) 546-7708 (direct)

Re: New Old Music Group, Inc. v. Gottwald, *et al.*  
S.D.N.Y. 13 CV 9013  
Our File No. 4020.02

Dear Mr. Movit:

Please find Mr. Payne's Invoice and travel expenses enclosed.

Very truly yours,

A handwritten signature in black ink, appearing to be "Brian Levenson", with a long horizontal line extending to the right.

Brian Levenson, Esq.

**Jim Payne**

**REDACTED**

---

INVOICE

Sept. 1, 2014

Deposition: Zimba Ku/Price Tag Case

Travel time:

Aug. 23, Carmel Valley to NYC, 12 hrs.

Aug. 25, NYC to Carmel Valley, 11hrs.

Rate: \$400/hr.

Total: \$9200

Preparation for deposition:

Weds. Aug. 20, 2 hrs.

Thurs. Aug. 21, 4 hrs.

Fri. Aug. 22, 3 hrs.

Sun. Aug. 24, 3.5 hrs.

Total: \$5000

Deposition:

Aug. 25, 7 hrs.

Total: \$2800

Total: \$17,000

Thank you very much,

Jim Payne



Transaction Details Prepared for  
James M Payne  
Account Number

**REDACTED**

Date	Description	Card Member	Amount
AUG 12 2014	Travel Insurance PolRichmond	J FITZPATRICK PAYNE	\$28.68

Doing business as:

**ALLIANZ GLOBAL ASSISTANCE**

2805 N PARHAM RD

RICHMOND

VA

23294-4401

UNITED STATES

Additional Information: INSURANCE SALES

Reference: 320142250178665187

Category: Business Services - Insurance Services

**Transaction Details****Description**

210012203387

212 714-1264

221  
28.88  
651.60  
85.59  
79.00  
444.60  
1289.67



Transaction Details Prepared for  
James M Payne  
Account Number

**REDACTED**

Date	Description	Card Member	Amount
AUG 12 2014	AA AIR TICKET SALE 4DALLAS TX	JAMES M PAYNE	\$651.60

Doing business as:

**AMERICAN AIRLINES E TKT**

AMERICAN AIRLINES-CCS

7645 E 63RD ST, SUITE 600

TULSA

OK

74133

UNITED STATES

**Flight Details**MONTEREY  
PENINSULALOS ANGELES  
INTERNLOS ANGELES  
INTERN

N.Y. J F KENNEDY I

Additional Information: AMERICAN AIRLINES

Reference: 320142250177104125

Category: Travel - Airline

Ticket Number: 0012340767276

Date of Departure: 08/23

Passenger Name: PAYNE/JAMES

Document Type: PASSENGER TICKET



YOU HAVE NOT CREATED ANY  
TAGS YET. TO GET STARTED,  
TYPE A NEW TAG NAME IN THE  
TEXTBOX BELOW, THEN CLICK  
ON THE "CREATE" BUTTON.

**Create****CREATE A NEW TAG**

Enter Tag name

Create Tag

SHARED

THIS TAG IS SHARED AND CAN ALSO BE USED BY ADDITIONAL CARD MEMBERS

PRIVATE

THIS TAG IS PRIVATE AND CAN ONLY BE USED BY YOU

TAG MULTIPLE TRANSACTIONS CREATE RULE



Transaction Details Prepared for  
James M Payne  
Account Number

**REDACTED**

Date	Description	Card Member	Amount
AUG 12 2014	AA MISC SALE/ TAX/ FDALLAS TX	JAMES M PAYNE	\$85.59

Doing business as:

**AMERICAN AIRLINES E TKT**

AMERICAN AIRLINES-CCS

7645 E 63RD ST, SUITE 600

TULSA

OK

74133

UNITED STATES

Additional Information: AMERICAN AIRLINES

Reference: 320142250177104118

Category: Travel - Airline

**Flight Details**

Ticket Number: 0010654295643

Date of Departure: 08/12/23

Passenger Name: PAYNE/JAMES

Document Type: MISCELLANEOUS TAX(S)/FEE(S)



Transaction Details Prepared for  
James M Payne  
Account Number

**REDACTED**

Date	Description	Card Member	Amount
AUG 12 2014	UNITED AIRLINES HOUSTON TX	J FITZPATRICK PAYNE	\$79.00

Doing business as:

**UNITED AIRLINES**

DEPT HQJ-CM

600 JEFFERSON STREET

HOUSTON

TX

77002-7363

UNITED STATES

Additional Information: UNITED AIRLINES

Reference: 320142250172795640

Category: Travel - Airline

**Flight Details**

N.Y. NEWARK INTL A



LOS ANGELES  
INTERN

Ticket Number: 01629214494736

Date of Departure: 08/25

Passenger Name: PAYNE /ECONOMY PLUS S

Document Type: SPECIAL SERVICE TICKET



Transaction Details Prepared for  
James M Payne  
Account Number

**REDACTED**

Date	Description	Card Member	Amount
AUG 12 2014	UNITED AIRLINES HOUSTON TX	J FITZPATRICK PAYNE	\$444.60

Doing business as:

**UNITED ELEC TICKETNG**

600 JEFFERSON ST

STE 1900

HOUSTON

TX

77002-7393

UNITED STATES

Additional Information: UNITED AIRLINES

Reference: 320142250172687402

Category: Travel - Airline

**Flight Details**

N.Y. NEWARK INTL A

LOS ANGELES  
INTERNLOS ANGELES  
INTERNMONTEREY  
PENINSULA

Ticket Number: 01624184153896

Date of Departure: 08/25

Passenger Name: PAYNE/JAMESMMR

Document Type: PASSENGER TICKET





### HILTON GARDEN INN NEW YORK CHELSEA

#### Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-in, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

FAX COMPLETED FORM TO: 212-564-6581

ATTN: \_\_\_\_\_

**CARDHOLDER - Please complete the following section and sign/date below.**

Guest / Group Name: <u>James Payne</u>	
Confirmation number: <b>REDACTED</b>	
Check-In / Event Date: <u>8/23/14</u>	
Name of Person/Group Making Reservation: <u>John Pontiero / Schwartz + Pontiero PLLC</u>	
Cardholder Name as it Appears on Credit Card: <u>John Pontiero</u>	
Cardholder Billing Address: <b>REDACTED</b>	
City: <u>NY</u>	State: <u>NY</u> Zip: _____
Daytime / Business Telephone: _____ Evening Telephone: _____	
Credit Card Number: <b>REDACTED</b>	Expiration Date: _____
Credit Card Types (Circle one) <input checked="" type="radio"/> Visa/MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club	
Credit Card Issuing Bank Name: <b>REDACTED</b>	Bank Phone Number (from back of your credit card): _____
I agree to cover the following categories of charges: (Please circle) All Charges <input type="radio"/> <u>Room &amp; Tax</u> <input checked="" type="radio"/> <b>REDACTED</b> <input type="radio"/> Food & Beverage <input type="radio"/> Retail <input type="radio"/> Recreation	
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____	
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)	
Name on Invoice/Statement _____	Date on Invoice/Statement _____
Invoice/Statement Number _____	Authorized Amount \$ _____

**Note:** Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ 475.18

Final Balance Billed to Credit Card (hotel use only): \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: John Pontiero

Date: 8/21/14

#### HOTEL USE ONLY:

Authorized Amount: _____	Approval Code: _____	Date: _____
--------------------------	----------------------	-------------